

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>C6156004</i>	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10	/						60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15		2					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20	/						70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		2					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30	/						80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	28						TOTAL DEP.			
TOTAL CLAIMS	32						TOTAL CLAIMS			

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